

Minutes of the State Board of Health  
June 14, 2000

A meeting of the Washington State Board of Health (WSBOH) was held at the Trade Recreation Agriculture Center, Pasco, Washington. The public meeting of the WSBOH was called to order by Dennis Braddock, Chair, at 9:35 am who addressed the attendees with the following statement:

“This is a public meeting of the WSBOH held under provision of RCW 43.20. Notice of the meeting was provided in accordance with provisions of RCW 34.05, the Administrative Procedures Act. Those members having any conflict of interest on any item coming before the Board will report that conflict with respect to the particular subject under consideration. In case of challenge of any Board members by the public, the Board shall decide the status of the challenged members to participate before considering the substance of the matter.”

**The following Board members were present:**

Dennis Braddock, Chair	The Honorable Neva J. Corkrum, Vice Chair
Thomas H. Locke, MD, MPH.	Ed Gray, MD
The Honorable Margaret Pageler, JD	Mary Selecky, Secretary, Department of Health
Vickie Ybarra, RN, MPH.	Charles R. Chu, DPM

**The following Board members were absent:**

Joe Finkbonner	Carl S. Osaki, RS, MPH
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**State Board of Health Staff present:**

Don Sloma, Executive Director	Betty Bird, Administrative Assistant
Heather Boe, Executive Assistant	Beth Berendt, Senior Health Policy Advisor
Hal Dygert, Senior AAG Advisor	Janice Englehart, Senior Health Policy Advisor

**Guests and Other Participants**

Paula Benson, Office of Community Development  
Annette Cary, Tri-City Herald  
Rhoda Donkin, Washington State Senate  
Maria Gardipee, DOH Facilities & Services Licensing  
Mike Gempler, Growers League  
Natalie Gonzalez, DOH Facilities & Services Licensing  
Renee Guillierie, DOH Communications  
Janna Halverson, DOH CHILD Profile Manager  
Margaret Hansen, DOH Immunization Program  
Patty Hayes, DOH  
Fred Jamison, Benton-Franklin Health District  
Dr. Larry Jeccha, Health Officer, Benton Franklin Health District  
Dennis Klukan, Yakima Health District  
Fred Niemo, member of the public  
Dr. Chris Olson, Inland Northwest Pediatric Services  
Sandy Owen, Preventive Health Services  
Bruce Perkins, Benton-Franklin Health Department  
Pedro Serrano, Labor and Industries  
Rebecca Smith, Columbia Legal Services  
Harvy Wilson, Grower

**APPROVAL OF AGENDA**

- *Motion: To approve the June 14, 2000 agenda as submitted.*

*Motion/Second: Corkrum/Selecky the motion passed.*

### **ADOPTION OF MAY 10, 2000 MEETING MINUTES**

Ms. Vickie Ybarra, RN, MPH confirmed with the Board that on page seven of the minutes, the Board's recommendation to include a legislative package for the health disparities work would include expanding and restructuring the existing scholarship and loan repayment program.

- *Motion: To approve the May 10, 2000 minutes as corrected.*

*Motion/Second: Pageler/Selecky passed unanimously.*

### **DEPARTMENT OF HEALTH (DOH) UPDATE AND LEGISLATIVE UPDATE**

Secretary Selecky provided an update on the Dawn Mining site, noting that the Department recently accepted the Company's proposal to use clean fill material. While the Company would include some of the contaminated filter cake in the fill, this proposal allows them to close seven years earlier than they would otherwise be able to do. She announced that the proposal will be subject to a 30-day public comment period.

Secretary Selecky discussed the Governor's priorities and how they relate to DOH's strategic planning effort. (See handout for description of the Governor's priorities.) She then announced that a Sun Mountain Women's Group had named her "Woman of the Year."

Ms. Patty Hayes provided a very limited legislative update. She noted that current challenges seem to be focused on access to prescription drugs.

### **SBOH STAFF ANNOUNCEMENTS**

Mr. Don Sloma announced that the Board received its first testimonies on the Web site. He highlighted the new abbreviated version of the *Guide to Testifying before the WSBOH*. Chair Braddock suggested that the Board move forward with using this new guide. Mr. Sloma also asked if the Board found the FYI summaries useful. All Board members acknowledged that this was useful.

### **UPDATE ON LEGAL ISSUES**

Mr. Hal Dygert reported that he was waiting for the argument on resist the list to be scheduled.

### **IMMUNIZATION POLICY UPDATE**

Dr. Thomas Locke and Patty Hayes summarized the work of the Immunization Task Force and focused on three proposed recommendations. Dr. Locke stated that the task force has identified problems with funding. He noted that often new immunizations may not be available until the funding is appropriated to purchase and distribute them to providers. (See the handout for more details on the Task Force's recommendations, a description of the existing state immunization program, funding sources and a copy of the RCW and WAC detailing the Board's authority in this area.)

Recommendation 1: The WSBOH should take comprehensive action to assure continued universal vaccine distribution and infrastructure development.

Recommendation 2: The WSDOH, the Governor, or some legislative group should lead an effort to obtain a statutory directive to maintain universal access and universal purchase of ACIP recommended vaccines and support continued infrastructure development.

Recommendation 3: Maintain universal purchase and distribution of ACIP recommended vaccines by increasing funds as needed.

Chair Braddock asked what the total cost might be to implement an adequate immunization program. Dr. Locke estimated that it could be approximately three times the amount the state is currently spending.

Dr. Charles Chu stressed the value of having some kind of centralized database on immunization records. Ms. Hayes noted the complications associated with issues of confidentiality.

Dr. Locke continued to describe what he referred to as option 1.5 – a hybrid of recommendations 1 and 2. He stated the goals for this option as follows: 1) maximize access to vaccines to raise and maintain immunization rates; 2) minimize vaccine costs; 3) minimize distribution costs and complexity; 4) provide sustainable infrastructure, including registry, and quality assurance; and 5) promote long-term stability.

For option 1.5, the WSBOH would convene a public/private partnership, including: DOH, local health jurisdictions (LHJs), professional groups, managed care plans, child advocates, and others. This group would recommend a funding package that would either:

- 1) maintain the current federal contract purchasing system using VFC (approximately 52%) and other federal funds, state general funds, plan contributions, and assessment/distribution taxes; or
- 2) support a multi-state purchasing cooperative for non-VFC eligible children funded by state general funds, plan contributions, and assessment/distribution taxes.

This option also recommends that the WSBOH work with DOH to submit a purchasing/distribution proposal to the Governor and the legislature that could include any taxes, state general funds or other funding options necessary to support a viable immunization program over the long term.

Finally, option 1.5 suggests that the WSBOH periodically amend the WAC to maintain the national (ACIP) standards.

Dr. Larry Jeccha, Health Officer from the Benton Franklin Health District commended the task force for their work. He echoed the frustration he experiences with limited access to new vaccines. He encouraged the Board to take this issue on and encouraged a partnership approach with government and insurance companies. In response to a question from Chair Braddock, Dr. Jeccha stated that vaccines are only available to those who can afford them.

Sharing his personal experience with polio as a child, Dr. Chu stressed the importance of moving quickly on this proposed work.

Margaret Pageler cautioned the Board against taking on administrative work beyond what it is capable of doing. She stressed however, the importance of declaring the health standards.

• ***Motion to approve that the Board adapt option 1.5 as submitted.***  
***Motion/Second: Locke/Pageler passed unanimously.***

Patty Hayes commented that DOH and WSBOH have been working in tandem on this effort. Vickie Ybarra recommended that a registry be included in the funding options and that resources be given to support local public health infrastructure.

### **UPDATE ON FARMWORKER HOUSING PROGRAM**

Maria Gardipee summarized DOH's temporary worker housing program. She reported on several successful pilot projects including the use of OSHA compliant tents. DOH has obligated 84 OSHA approved tents, expecting that approximately 500 people will be able to use them. She added that DOH, in collaboration with the Office of Community Development, has been working with growers to provide infrastructure assistance. She also described an emergency voucher program to assist families with emergency housing needs. She noted that importance of continuing to evaluate the problem and the need to visit the whole spectrum of farmworker health issues.

Rebecca Smith, from Columbia Legal Services recognized the successes achieved by working together on the farmworker housing rules and noted the improvements to the tent program. However, she stressed that the rules secure only a minimum standard. She added that the farmworkers would prefer beds to cots for example. One of the bigger challenges Ms. Smith identified was with data collection. She reported on the difficulty of identifying real housing needs without adequate data on the farmworkers' patterns (i.e., how many

workers are migrant, how many remain in the state for the apple harvest in the Fall, how many would stay if they had permanent housing.)

Paula Benson from the Office of Community Development (OCD) provided an overview of OCD's current work. She described three permanent sites that are being developed. She added that OCD is trying to focus on housing for seasonal workers, particularly for the cherry harvest. Due to community opposition, their original plan to set up temporary housing in 6 locations was altered to one location in Douglas County, where 50 tents will be set up at a cost of approximately \$500,000. OCD intends to maintain this site from July 10 – August 1. Ms. Benson stated that OCD plans to hire someone in the future to focus on this issue and create a ten-year strategy.

Mike Gempler, representing the Growers League offered the growers' perspective. He described the financial burden that growers are experiencing with the housing requirements and noted that many growers will have difficulty participating in rent-a-tent program. He stated that, while the current cherry camp rules were not what the industry wanted, they supported the changes to stop arguing about the specifics of the rule and direct resources towards solving the housing problems. He emphasized the need for clearly delineate the roles and responsibilities of the relevant state agencies and the U.S. Department of Labor. He offered several recommendations for improvement:

- Centralize the regulatory authority;
- Improve and coordinate the information flow;
- Centralize enforcement authority in one state agency;
- Centralize information and assistance so that growers can be notified in a timely manner;
- Coordinate multiple players to enhance federal and state financial support for infrastructure loans; and
- Improve media attention and the way that agencies work with media to avoid sensationalizing the issue.

Margaret Pageler commented on the financial burden to growers, accenting the cost of \$500,000 for government to construct 50 tents. She noted the importance of putting funding into infrastructure grants. Dr. Chu noted the progress that this group has been able to make over the past few years.

## **PUBLIC FORUMS**

Please see the attached individual summaries of Board Forum discussions on:

- Access To Critical Care Services
- Children's Health And Well Being
- Environmental Health
- Public Health System Improvement

## **PUBLIC TESTIMONY**

Mr. Fred Niemo, a member of the public, expressed his concern about the City of Pasco adding fluoride to the drinking water supply. He expressed his frustration and anger about this matter, referring to it as a violation of his rights. He argued that the decision was made without the consent of the voters. He asked for the Board's assistance in addressing this issue. Chair Braddock clarified that the Board does not have the authority to influence this decision. He stated that recourse remains with the City or through legal means if appropriate. Neva Corkrum added that the County does not have the authority to influence the City in this decision.

Dr. Danette Glassy, President of the Washington Chapter of the American Academy of Pediatrics and member of the Immunization Task Force submitted testimony to the Board's Website. This testimony is attached. In summary, he supports the task force's recommendations, noting that consensus was achieved within the group. He requests the Board's assistance to secure long-term funding to provide the ACIP recommended immunizations within the state.

Cynthia Shurtleff, Chair of the Immunization Action Coalition of Washington for Healthy Mothers, Healthy Babies submitted testimony to the Board's Website. This testimony is attached. In summary, she supports the recommendation that the Board take comprehensive action to assure continued universal vaccine distribution and infrastructure development.



**ADJOURNMENT**

The meeting was adjourned at 6:50 pm.

WASHINGTON STATE BOARD OF HEALTH

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Dennis Braddock, Chair

## **Access to Critical Health Care Services Forum – Summary of June 14, 2000**

### **Forum in Pasco**

**Participation:** Seven participants attended the session: Representatives from both the Yakima County and Benton/Franklin Health Districts; two representatives of Lourdes Health Network – working with the local hospital; Representative Don Cox of the 9<sup>th</sup> Legislative district and a representative from the Department of Social and Health Services. The discussion focused on the following access health issues in the region:

**Facilitation:** Session was chaired by Tom Locke, MD and Ed Gray, MD and Staff, Beth Berendt

### **Issues:**

- Uninsured -- Representatives from Lady of Lourdes Health Network (affiliated with hospital in Tri-Cities area) reported large number of uninsured coming into the emergency room for non-emergent treatment. It is perceived that some of the barriers are created by a lack of knowledge of how to access the system, and who to contact for assistance with cultural and language barriers. It is estimated that 17% of population in Benton/Franklin County is uninsured – compared to the statewide rate of 10.3%.

Yakima County Health Official stated that there are several programs in place in their county to get the uninsured/low-income individuals enrolled in Medicaid/ BHP and the Children's program (CHIP) so that their rate of uninsured is lower than the 17% estimated for the Tri-Cities Area. Many of the traditional Public Health services have been successfully contracted out to private providers (e.g. WIC, immunizations, diagnosis and treatment of sexually transmitted diseases etc.) so that the traditional public health functions continue.

- Access to Providers of Care -- There was a general discussion about access to primary care, in that it is perceived that individuals can not access this type of care and so present themselves to the Emergency Department. It was pointed out that in Yakima County access is available to primary care health care providers in that there are clinics and solo practices that are open to new patients. These providers may not be the individuals that are in demand, but rather are the community clinics and other facilities that are geared toward serving the low income.

The conversation then dealt with “access to what?” Barriers are created by lack of affordability, availability geographic accessibility and acceptability prevent individuals from finding a medical home (e.g. reliable source of primary medical care.)

- Health Care Provider Shortages -- A general shortage appears to exist for qualified Registered Nurses, Radiology Technicians, Laboratory Technicians and other Allied Health Care Professionals. Lourdes Hospital has been delayed in opening a specialty Cardiac unit due to lack of Critical Care Nurses.

It is believed that the general working conditions (hours, and stress) are not desirable for individuals considering a nursing profession. Different career opportunities exist for women and therefore they are not entering the nursing profession at the same rate to replace nurses leaving the profession. Any system change must focus on providing a supportive working environment.

- Managed Care and Other Financing Issues -- It is generally believed that the administrative requirements of the various managed care plans, Medicare and Medicaid creates a great deal of waste of health care dollars. Uniform data and utilization reporting requirements would go along way in eliminating waste.
- Other Significant Access Problems -- Both Mental Health and Dental Health Services are believed to be severely impacted by lack of access. Tri-Cities reports that their region should have 26 dentists – and they have only 11.

It was reported that the University of Washington is training approx. 53 dentists per year, while an average of 56 retire or otherwise leave the profession per year. Unlike other health professions, alternative providers are not generally available for dental services.

## **Children's Health and Well Being Forum – Summary of June 14, 2000 Forum in Spokane**

**Participation:** There were 10 people in addition to the two Board members and one staff person at the forum. These individuals represented the Washington State Department of Health, Lourdes Health Network, Walla Walla County Health Department, Washington State Migrant Council, Inland NW Pediatric Services, Benton Franklin Health District, EIRF, Educational, Institute for Rural Families, and a private citizen. All in attendance participated in the discussion.

**Facilitation:** State Board of Health Members: Vickie Ybarra, and Charles Chu. Staff: Don Sloma

### **Issues:**

- Clinical Preventive Services - Several people commented on the need for nutrition education for children, schools, and families. Cognitive and emotional development as well as mental health services was mentioned. A few people spoke out against fluoridation of drinking water, citing the dangers. Most agreed that parents should be better informed about the clinical preventive services their children should receive and the recommended schedule for receiving them. Someone suggested the need to achieve parity between publicly funded programs and privately funded programs for health care delivery and coverage.

#### **WHAT PREVENTIVE SERVICES?**

1. Comprehensive clinical preventive services
  2. Early oral care
  3. Need a provider home
  4. Immunizations – fill \$ gap from ACIP rec. to private and public payment
  5. Be sure to include pre-natal care especially for teen moms
  6. Transport/location of services
  7. More parenting time (e.g. one parent at home)
- Government's Role - Many in the group agreed on the need for the family to be considered as a whole entity rather than only targeting services to children. They also want current programs to work instead of adding new programs. Comprehensive school health education was discussed extensively. Public awareness campaigns were encouraged. Public health nursing was also mentioned as an important government service.

#### **ROLE OF GOVERNMENT?**

##### **DO:**

1. Encourage community collaboration
2. ID problems based on science
3. ID solutions based on science
4. Set consistent guidelines based on current science
5. Parenting education and support
6. Address dental provider shortage
  - reciprocity
  - training
7. Overwhelming oral health need
8. Limit government role; expand family, church, school and community role (e.g. service groups)
9. Public health/school collaboration

##### **DON'T:**

1. Mandate health screening without tax \$ or providers
- Tobacco Prevention and Control - Many in the group agreed on the need to maintain and increase funding for health education and health promotion in elementary schools, as well as early interventions in middle school. Effective billboards, like those used in Spokane, were encouraged. In addition, peer support was encouraged to help prevent or stop kids from smoking.

#### **JOINT EFFORTS: SCHOOLS, COMMUNITIES, NON-PROFITS, SBOH**

1. School based services
2. Collaborate; not compete
3. Government create a strong, clear, consistent message (PR) on prevention (e.g. child profile)
4. Government create standardized charting tool (voluntary)



5. Government create best practices clearinghouse
  6. Integrate health content into school readings
- Collaboration - Several requests were made for accountability, funding, and community awareness.
- SAFETY AND HEALTH AT HOME AND IN CHILD CARE**
1. Childcare regs. OK; enforcement \$ and resources
  2. \$ And release time for staff training (e.g. stars)
  3. How to reach “problem” home parents/staff?
  4. Economic imperative for any or both parents working; not providing care/supervision
  5. Team with private business to produce/market good health messages/products/services
- Childcare Safety - A request was made for an emergency safety plan for childcare facilities. In addition, increased training and higher wages were encouraged to secure supply. A request for ongoing and increased involvement by DOH’s Division on Community and Family Health was requested. Concern was expressed about the double set of regulations from DOH and the DSHS. The need for the availability of more after hours care was also expressed. Finally, combining early learning with childcare was stressed.

**WHAT’S MOST NEEDED TO PREVENT KIDS SMOKING? IS NEW INITIATIVE HELPING?**

1. Prohibition of child purchase helpful
2. \$ Doesn’t touch pro-tobacco \$
3. Money not spent on quitting for parents (role models) or pregnant women and pals
4. Population-based P.H. measures should be voluntary (e.g. immunes, fluoride)

**Environmental Health Forum – Summary of June 14, 2000 Forum in Pasco**

**Participation:** Six participants attended the session: three Environmental Health Directors from Benton-Franklin Counties, Walla Walla, and Kittitas. Two representatives from childcare facilities and a representative from the Senate were also present. The discussion focused on the following environmental health issues in the region.

**Facilitation:** Dennis Braddock facilitated the discussion with staff Janice Englehart

**Issues:**

- Indoor Air Quality -- All of the Environmental Health Directors commented on the problems of indoor air in schools, noting that it may be contributing to higher rates of asthma in the population. The representatives from the childcare facilities acknowledged this to be a problem in their facilities as well.
- Environmental Justice -- While the participants could not offer any examples of environmental “injustice” when asked, they did acknowledge that poor housing and rodent problems found in low income areas can negatively impact a person’s health and therefore might fall under the rubric of environmental justice.
- Nitrates in Drinking Water -- The Environmental Health Director from Benton –Franklin County Health District commented that his district has a problem with nitrates in drinking which is currently being investigated.
- Schools -- Issues of safety in schools came up as a concern to all the county health departments represented. The Environmental Health Directors commented that the schools have difficulty with the many agencies regulating their districts. They all echoed the need for better collaboration among DOH, OSPI, the LHJs, and ESDs.
- Food Safety -- The Environmental Health Director from Benton Franklin Health District commented that there are tremendous opportunities to influence public health outcomes by simple hand washing practices on the part of food workers and others. All agreed that this very simple, low-cost measure could do wonders to support the health of the population. On the topic of food worker training, the Environmental

Health Director from Benton-Franklin said that he was reluctant to raise fees for workers who are earning so little.

- Surface Water/Pools -- The Environmental Health Directors present acknowledged the need to eliminate waste and the duplication of effort in the surface water program. However, they expressed concern about the local health jurisdictions' ability to manage this program's responsibilities, especially in the area of permit review.
- Funding Problems -- In general, the Environmental Health Directors commented that environmental health programs are primarily supported by fees. The sentiment was expressed that clinical preventive services are valued and financed by state dollars. The Directors offered that environmental health services should be considered as critical preventive health services and not be fee driven.
- Staffing problems -- The Environmental Health Director from the Benton-Franklin Health District spoke about the challenges he has had in recruiting high quality bi-lingual staff.

### **Public Health Systems Improvement Forum – Summary of June 14, 2000 Forum in Pasco**

**Participation:** Eight participants attended the session. Six from Benton-Franklin Health District and Board of Health, one from Adams County Health District Board of Health, and one was a retired physician. The discussion was lively with many suggestions made for ways of improving the public health delivery system within Washington State. In addition, the Board received written input from a private physician living in the Seattle area.

After self-introductions of participants the chair outlined the purpose of the Forums and give an overview of the public health delivery system within the State and the relationships between the State and Local health departments and the State Board of Health and Local Boards of Health. Following this introduction she encouraged participants to address the questions posed by the Board for discussion. All questions posed were responded to at least in part. The following major themes resulted from the discussion.

**Facilitation:** The session was chaired by Mary Selecky and Neva Corkrum. Staff, John Beare

#### **Issues:**

- There is a need to make clear the relationship between the State Board of Health and Local Boards of Health. The relevance of each to the other and how they together can serve to promote the public health agenda throughout the state must be developed.
- Sharing of the Minutes of the State Board of Health with members of the Local Board of Health was seen as a way of improving this linkage. Keeping local Board members informed about issues of importance to them in carrying out their responsibilities through recaps of State Board or State Department of Health actions via electronic transmission of information was also suggested.
- Standards for performance are necessary. They should be service based and sufficiently broad to accommodate the variability that exists between local departments in carrying out public health mandates. Standards should be fair and reasonable and should be developed by both local and state personnel in a cooperative effort. Field testing of proposed standards is essential prior to adoption of any standard.
- The local public health agencies in the areas represented are very active in community affairs and in cooperative endeavors with other agencies within their communities. There is a good relationship with media. There is a need however, to find ways to build bridges in use of technology in sharing and transfer of information between levels of government and the media.
- The use of the State's Epidemiology expertise was suggested in making available to local levels information on leading health problems within the state and local areas. The sharing of this resource which is not available in most local health departments would improve the ability of local health departments to focus efforts on community health needs. There was no apparent disagreement with the key health indicators as listed.

- It is important to find ways to share successful program information between local jurisdictions. The State may help in facilitating the transfer of information between local areas known to have exemplary programs so that good programs could be replicated.
- There is need to develop closer ties to other community agencies which can assist in carrying out the mission of public health. How do we strengthen the ties between some of the programs of Rotary or other service clubs, for example. Recognition of the work of these groups in carrying out the mission of public health is needed as well. Use of retired professionals in program development and operations should not be overlooked as a community resource toward improving the public health.
- The state and local health departments must move quickly into the age of technology. Information sharing via electronic systems is essential to effectively carrying out public health responsibility. Public health agencies should actively participate in systems which will allow the sharing of client information to eliminate redundancy and allow better information for assessment and tracking of service needs and services. The State Board of Health and the Department of Health should provide leadership in the development of an integrated data system with others in health care.
- A major role of the Local Board of Health is to instill within staff the desire to do better. There is a need for the challenge that the operation of a good department can be made even better and the local Board can set a tone for constant improvement.